The question was put and the motion was adopted.
Clause 1, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: In the Enacting Formula, there is one amendment No. 1 by the Hon. Minister.

Enacting Formula

SHRI ARJUN SINGH: Sir, I move:

(1) That at page 1, line 1, *for* the word "Fifty-fifth", the word "Fifty-sixth" be *substituted.*

The question was put and the motion was adopted.

The Enacting Formula, as amended, was added to the Bill.

The title was added to the Bill.

श्री अर्जुन सिंह : उपसभापति महोदय, मैं अपने को सौभागयशाली मानता हूं कि मैं इस विधेयक को पारित करने के लिए निवेदन करूं। Sir, I move:

That the Bill, as amended, be passed.

The question was put and the motion was adopted.

MR. DEPUTY CHAIRMAN: The House stands adjourned for lunch to meet at 2.30 p.m.

The House then adjourned for lunch at twenty-eight minutes past one of the clock.

The House re-assembled after lunch at thirty minutes past two of the clock, MR. DEPUTY CHAIRMAN in the Chair.

STATEMENT BY MINISTER

Meningococcal Disease

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): Sir. meningococcal disease is an acute bacterial disease caused by the bacterium Meningococcus and is manifested by sudden onset of fever, severe headache, nausea and vomiting, stiff neck and frequently a petechial rash with pink macules and very rarely vesicles often accompanied by delirium and coma. Occasionally, fulminating cases exhibit severe sudden prostration, ecchymoses and shock at onset. The causative agent at present is known to have 12 serogroups. Serogroups A, B, C are the commonest and have epidemic potential. Other serogroups to name a few W-135, Z, Y, Z etc. are less virulent.

A small proportion of case progress to invasive disease characterised by one or more clinical syndromes including bacteraemia. Many with septicaemia develop petechial rash. Joints may also be involved. Meningococcaemia may occur without meningitis. Out of 25 cases test at the National Institute of Communicable Diseases, Delhi, 5 cases have been found positive for serigroup a Meningococcal infection.

As per the information received from the Government of NCT, a total number of 91 cases and 14 deaths have been reported till yesterday. Till today, there are 111 cases and 15 deaths have occurred till today.

The community is advised to report to the nearest health facility as soon as possible if there is sudden rise of high fever along with headache, vomiting, neck pain or skin rashes. All major hospitals such as Dr. RML Hospital, Safdarjung Hospital, Smt. Sucheta kriplani Hospital, Kalawati Saran Children Hospital, AIIMS, LNJP Hospital, G.T.B. Hospital. Hindu Rao Hospital, Deen Dayal Upadhyay Hospital, etc., are fully equipped to treat such patients. Hospitals in Delhi as well as private practitioners have been advised to notify suspected cases to the medical Officer, Municipal Corporation of Delhi (Telephone No. 2393 6101). There is no need of panic since the disease is amenable to antibiotic treatment and there are sufficient stocks of medicines. Facilities for rapid diagnosis of the disease are available at NICD. Acontrol room at NICD (Telephone No. 23981289) will receive the clinical samples round the clock. Guidelines for prevention of disease transmission including chemoprophylaxis have been provided to concerned health authorities in consultation with WHO.

The situation is under control and is being regularly monitored.

MR. DEPUTY CHAIRMAN: Shri V. Narayanasamy.

SHRI SANTOSH BAGRODIA (Rajasthan): Sir, are you allowing clarifications now? this is Private Members time. I do not think it is proper. You can give another time on Monday. At that time, it can be taken up. You cannot take away Private Members' time like this, Sir.

MR. DEPUTY CHAIRMAN: Don't you want to discuss this?

SHRI SANTOSH BAGRODIA: No, Sir, we will discuss it on Monday. *(Interruptions)* You please allot time on Monday. This is private members' time, Members' right, *(interruptions)*

MR. DEPUTY CHAIRMAN: Two and a half hours are fixed for Private Members' Business. That will be maintained.

SHRI SANTOSH BAGRODIA: Sir, let it be discussed after 5 p.m. 2.30 to 5 p.m. is the Private Members' time. We cannot disturb it like this. This is not the order. We cannot disturb this time like this 2.30 to 5 p.m. is the Private Memebrs' time. *(Interruptions)*

MR. DEPUTY CHAIRMAN: I will take the sense of the House. Fifteen minutes we will discuss on this and we will extend 15 minutes on the Private Members' Business. Shall we take up this matter now?

SOME HON. MEMBERS: Yes, yes. *(Interruptions)*

MR. DEPUTY CHAIRMAN: ShriV. Narayanasamy Please seek pointed clarifications. No speech.

SHRI V. NARAYANASAMY (Pondicherry): Mr. Deputy Chairman, I thank you for giving me this opportunity.

MR. DEPUTY CHAIRMAN: Straightaway come to the question. Please do not address also ....*(Interruptions)...*

SHRI V. NARAYANASAMY: Sir, there is panic among the people of Delhi about this particular virus which causes meningitis ....*(Interruptions)* ..... It is bacterial virus.....*(Interruptions)W* is infectious. Yesterday in this House hon. Member, Mr. Anand Sahrma and I raised this issue through a Special Mention. I wanted the hon. Minister to allot more funds for R&D for finding medicine against fighting these viral diseases, which are spreading.

MR. DEPUTY CHAIRMAN: You put your question.

SHRI V. NARAYANASAMY: I am asking, Sir..... *(Interruptions)*..... Is it a fact that the medicine required for treating meningitis is in short supply?

MR. DEPUTY CHAIRMAN: Okay..... *(Interruptions)* .....

SHRI V. NARAYANASAMY: Sir, only one clarification and not beyond that? ... *(Interruptions)* .....

MR. DEPUTY CHAIRMAN: Please ...*(Interruptions)...*

SHRI V. NARAYANASAMY: We came to know from the Health Minister of Delhi yesterday when he was addressing the media about this. He said, "We do not have sufficient medicine for curing this disease." Moreover, he said, "People should not get panicky." This is number one. Is it a fact that the Haryana Government has declared red alert regarding this disease? Now, Sir, the hon. Minister has stated that there is no need to get panicky and no need to get worried because we are able to tackle it. I am very happy about it. But the way in which the number of patients is increasing from 95 to 111 in a place like Delhi where you have got all facilities, is a cause of worry. I would like to know from the hon. Minister how they are going to tackle this disease. *(Interruptions)...* These are three important questions, which he should answer.

MR. DEPUTY CHAIRMAN: Please conclude. We have to give time to other Members also....*(Interruptions)* ..... I will call everybody. Please put pointed questions.

SHRI JAIRAM RAMESH (Andhra Pradesh): Sir, I have only two very pointed questions to put to the hon. Minister. Sir, I would like to submit that it is not for the first time that this epidemic has struck the Capital. As far as I can remember, it is for fifth of sixth time in the last decade that this is hapening. What I want to ask the Minister is that what are the causes that he has identified which are causing this recurrence of this epidemic in the nation's Capital. This is number one. Secondly, are there sensitive hotspots in the Capital from where this bacteria emanates and spreads ali over? It is true that there are some vulnerable regions in the nation's Capital? Is it possible for us to provide additional treatment facilities so that this epidemic does not spread across the entire Capital?

PROF. P.J. KURIAN (Kerala): Sir, I am happy that the Minister has given a statement, which is a very positive one. But my worry is this. He has said this disease is only a bacterial infection and there is medicine and treatment available for that and Delhi is fully equipped. I would like to know from him why then out of 91 patients admitted, 14havedied. If out of 91 patients, 14 die, it means there is something wrong somewhere-either your diagnosis is wrong or you do not have adequate facilities. What is your answer to this? My second question is th is .... *(Interruptions)....*

MR. DEPUTY CHAIRMAN: Please.

PROF. P.J. KURIAN: What are the preventive measures that you are taking? You have not elaborated them properly here in this statement. ..... *(Interruptions)* .....

MR. DEPUTY CHAIRMAN: I Will call you later .....*(Interruptions)* .... Only pointed questions, please .... ,.. *(Interruptions)* .....There are so many Members who want to put questions.

SHRI MANOJ BHATTACHARYA(West Bengal): Sir, my first question is whether this disease, this form of disease, is only confined to metropolitan limit of the NCT of Delhi. If at all, it is extended further, then, Whether facilities, health facilities are there because essentially to diagnose this, mostly, the spinal fluid has to be taken by lumber puncture. Now in how many hospitals this facility is there in the vicinity or in the rural areas of

Delhi is this facility available? If not, I would like to know whetehr the hon. Minister is going to make this facility available there. Sir, my second question is..... *(Interruptions)*..... Very small question.

उपसभापति : एक-एक ही क्वेश्चन पूछिए न, दो-दो, तीन-तीन पूछेंगे तो इतना वक्त नहीं होगा।

SHRI MANOJ BHATTACHARYA: Thank you, Sir, I am completing.

SHRI FALI S. NARIMAN (Nominated): I welcome the statement of the Minister. May I be permitted to enquire from the hon. Minister—this Meningitis which is also treated by private medical practitioners—whether he proposes, since the matter has now become almost semi-epidemic, to consult a range of private medical practicioners as to what is the best possible way of trying to curtail this particular menace just now, because we should not let it get into epidemic form? I would really recommend that, apart from the Government doctors who are extraordinarily competent, we must have a range of other people who should advise the hon. Minister as to what should be done.

श्री मोती लाल वोरा (छत्तीसगढ़) **:** माननीय उपसभापति जी, मैं स्वास्थ्य मंत्री जी के वक्तव्य का स्वागत करता हूं। लेकिन मेरा कहना यह हैं कि जब एक व्यक्ति की मृत्यु हुई, उसी वक्त स्वास्थ्य विभाग को सतर्क हो जाना चाहिए था। अब तक 14 लोगों की मौत हो चुकी है और 94 से ज्यादा लोग अस्पतालों में दाखिल हैं, जो सरकारी आंकड़े हैं। मेरा केवल यही कहना हैं कि प्रत्येक अस्पताल में इस प्रकार की व्यवस्था हो कि जिस प्रकार के लोग इस बीमारी से ग्रसित हैं, उनके इलाज की समुचित व्यस्था दिल्ली के अन्दर हर अस्पताल में होनी चाहिए।

DR. T. SUBBARAMI REDDY (Andhra Pradesh): I would like to inform the hon. Minister—I understand—that there is some vaccine which can be given in advance in order to prevent a person from this disease. Is the Ministry making efforts to give this vaccine to every body, including MPs and Vice-Chairman also?

श्रीमती मोसिना किदवई (छत्तीसगढ़) **:** उपसभापति महोदय, यह कोई नयी चीज नही है। इससे पहले भी, मेरे ख्याल से बीस साल पहले भी मेनिंगोकॉक्सीमिया बीमारी आई थी। इसकी वैक्सीन्स की या कुछ खास पर्टिकुलर दवा होती हैं, एंटीबायोटिक्स में, क्या मंत्री जी को उसका नाम पता हैं ? क्या मंत्री जी बतायेंगे कि वह कौन सी पर्टिकुलर एंटीबायोटिक्स हैं, जिनके जरिये इसका इलाज किया जा सकता हैं और क्या वह इंडिया में एवेरलेवल हैं ? क्योंकि उस दफा सारा कुछ बाहर से मंगवाना पड़ा था, उस वक्त एंटीबाइटिक्स वैक्सीन उपलब्ध नहीं थी।

श्री मंगनी लाल मंडल (बिहार) **:** उपसभापति महोदय, मीडिया में दो-तीन दिनों से यह खबर लगातार आ रहीं है और सरकार ने उसका खंडन नहीं किया हैं कि यह तो संक्रामक रोग हैं, यह जो

गंभार बीमारी फैल गई हैं, इसकी रोकथाम के लिए जो प्रासंगिक दवा होनी चाहिए, जो उचित दवा होनी चाहिए, इसकी व्यवस्था नहीं हैं और यह अपर्याप्त हैं । सरकार को इसके बारे में खंडन करना चाहिये या दवा की उचित व्यवस्था करनी चाहिए ।

श्री मूल चन्द मीणा (राजस्थान) **:** उपसभापति महोदय, यह महामारी... ।

श्री उपसभापति : आप सीधे क्वेश्चन पूछ लीजिए ।

श्री मूल चन्द मीणा : उपसभापति महोदय, इस महामारी के बारे में रमेश जी बता रहे थे कि यह छह बार फैल चुकी हैं । मंत्री महोदय, क्या ऐसी महामारियों के स्टार्ट होने से पहले ही रोकने के लिए, आपके पास कोई व्यवस्था हैं, क्या यह महामारी फैलने से पहले ही रोकी जा सकती हैं ? क्या यह महामारी केवल दिल्ली में फैल रही हैं ? यह बीमारी दूसरे शहरों में फैल रही होगी, इसके बारे में तो अभी पता नहीं हैं ? मैं आपसे यह जानना चाहूंगा कि आपके डिपार्टमेंट को, आपके विभाग को क्या यह पहले से पता लग सकता हैं कि कोई महामारी फैलने वाली हैं ?

श्री राजू परमार (गुजरात) **:** धन्यवाद उपसभापति जी । मैं आपके माध्यम से माननीय मंत्री महोदय को धन्यवाद देता हूं कि कल ही हमारे हाउस में इसके बारे में स्पेशल मेंशन हुआ और आज वे हमारे बीच में स्टेटमेंट लेकर आये हैं । मुझे एक ही जानकारी उनसे लेनी हैं कि जिस तरह से "टाइम्स आफ इंडिया" मे रिपोर्ट आई हैं कि महामारी की जैसे ही बात चली, तो वैक्सीन की डिमांड बढ़ती चली गई और करीबन 20 हजार वैक्सीन लोगों ने खरीद ली हैं । इस प्रकार की जानकारी मिली हैं कि इस वैक्सीन की मार्केट में शार्टेज़ हैं, और मैन्युफैक्चर्स ने भी बोला हैं, It will take a couple of days to bring the new stock. क्या यह जानकारी सही हैं और यदि सही है तो इसके बारे में मंत्री महोदय क्या कदम उठा रहे हैं ?

मौलाना ओबैदुल्लाह खान आज़मी (मध्य प्रदेश) **:** सर, मैं सिर्फ इतना जानना चाहता हूं कि इस महमारी पर आज के अखबार "हिन्दुस्तान" में यह रिपोर्ट हैं कि दवाओं की ब्लैक मार्केटिंग हो रही हैं । आदमी पर मुसीबत क्या आई, उस पर लोग पैसों की रोटी सेकने लगते हैं, इसको रोकने के लिए और दवाओं की कमी की बुनियाद पर आप क्या कर रहे हैं ? आज ही अखबार में हैं कि 30 हजार से ज्यादा टीके बिक चुके हैं और बेल्जियम से पांच हजार टीके मंगाये हैं ।

مولانا عبیداللہ خان اعظمی "مدھیہ پردیش": سر، میں صرف اتنا جاننا چاہتا ہوں کہ اس مہاماری پر آج کے اخبار 'ہندوستان' میں یہ پورٹ ہے کہ دواؤں کی بلیک مارکٹنگ ہو رہی ہے۔ آدمی پر مصیبت کیا آئی اس پر لوگ پیسوں کی روٹی سینکنے لگتے ہیں، اس کو روکنے کے لئے اور دواؤں کی کمی کی بنیاد پر آپ کیا کر رہے ہیں؟ آج ہی کے اخبار میں ہے کہ تیس ہزار سے زیادہ ٹیکے بک چکے ہیں اور بیلجم سے پانچ ہزار ٹیکے منگوائے ہیں۔

[ ]†Transliteration in Urdu Script.

श्री उपसभापति : इसके बारे में मंत्री जी बोलेंगे ।

मौलाना ओबैदुल्लाह खान आज़मी : जी । मैं यह जानना चाहता हूं कि इसकी ब्लैक मार्केटिंग आप कैसे रोकेंगे ? इसके बारे में बताइयें ।

مولانا عبیداللہ خان اعظمی: جی، میں یہ جاننا چاہتا ہوں کہ اس کی بلیک مارکٹنگ آپ کیسے روکیں گے؟ اس کے بارے میں بتایئے۔

SHRIMATI BIMBA RAIKAR (Karnataka): Sir, with my own experience I want to say...

MR. DEPUTY CHAIRMAN: No experience. Don't say about your experience. You only put questions.

SHRIMATI BIMBA RAIKAR: Sir, if children get this fever, the parents should be very particular about taking them to a nearby dispensary. If it is delayed even by one hour, the patient will die. That is why I suggest for a massive campaign through print and electronic media advising the people to take precaution. A wide publicity has to be there through print and electronic media.

SHRI B.S. GNANADESIKAN (Tamil Nadu): I would like to know from the hon. Minister what preventive measures he is taking.

Secondly, the persons who are travelling from the Capital to other areas will carry this disease. So, what measures the Ministry is taking at airports and at railway stations.

MR. DEPUTY CHAIRMAN: Don't go beyond the Capital. You remain here.

SHRI B.S. GNANADESIKAN: I would only like to know what preventive measures he is taking.

SHRI JESUDASU SEELAM (Andhra Pradesh): Sir, the hon. Minister's statement does not clarify whether there is any campaign to educate people, to take preventive steps or arranging mobile clinics to test the samples.

The next point is, where are the people actually dying? In which areas they have died? If the Minister informs this to the House, we will know that that area is prone to infection.

[ ]†Transliteration in Urdu Script.

SHRI SANTOSH BAGRODIA: Sir, I have only one question. The statement mentioned 91 cases have been reported. The number of cases, in the last half-an-hour or so, has increased to more than 100.

DR. ANBUMANI RAMDOSS: The figures given in the statement are yesterday's figures.

SHRI SANTOSH BAGRODIA: One more death has also been reported. That means there is 10 per cent increase. In spite of all this, the Minister is saying that the situation is under control which is contradictory to what is happening on the ground and what is stated in the statement.

DR. ANBUMANI RAMDOSS: Sir, I understand the concerns of not only the hon. Members but also the general public. I once again want to inform the House, through you, that we are looking at the situation and monitoring it very carefully. The Central and the State machinery are in full gear in these areas. We are carrying out surveys, monitoring and educating the public about how we could prevent this. A lot of measures have been taken to educate the people through print and electronic media and through loudspeakers in various parts of Delhi. At the same time, we do not want to create panic among the people. This is not an epidemic-like situation today. An epidemic occurred last in Delhi was 20 years ago.

Now, I come to the queries raised by the hon. Members. Shri Narayanasamy mentioned about the short supply of medicines. There are two things in this. One is medicine and the other is vaccine. Vaccine is for prevention and medicines are for treatment. There is no short supply of medicines. Simple antibiotics can treat this. This is just a gram-negative bacterium. It is not a viral disease. It is just a bacterial disease and it could easily be cured or treated. If anybody has a headache or fever or skin rash, with oral antibiotics like cyprofloxacin, refampycin for children and injection crystalline penicillin, this can be treated. These are common antibiotics available anywhere in the market. These are less expensive antibiotics. So, this could easily be cured if we immediately go to hospital. But the death occurred because it took them a little more time—two or three days—to go to hospital and, by which time, it became bacteraemia. That means, it entered into the blood vessels.

Coming to the vaccination part, I would say that there is no short supply of this. There is sufficient vaccine here. But, at this point of time, vaccinating everybody is not required. Vaccination is only required to those people who have been engaged with the affected individuals, like the immediate relatives. If there are any symptoms of this disease then the people who

are surrounding the patient should be vaccinated before one, two or three days and the people who are living in mass areas like hostels or jails where they live together without much hygiene, they should be immunised. So, general public need not be immunised and that is not necessary as it is today. As far as Haryana is concerned, the Haryana Government has put it on alert as it shares border with Delhi. It is good on their part to take preventive steps.

The increase in the number of patients, reflects suspected cases, yesterday, the number of cases was 91; today it is 111. Yesterday there were 14 deaths; today there are 15 deaths. We are concerned about each and every single death. That's our concern. We don't want anybody to die. We are watching the situation very closely.

Hon. Member, Shri Jairam Ramesh, has asked about the causes in the Capital. Sir, this bacteria, Neisseria meningococcal, is prevalent in about 15-20 per cent of all the individuals in the pharynx, in the larynx and in the upper respiratory tract throughout the year. But when there is a conducive atmosphere, there is an outbreak. The bacteria goes to the brain and it become meningitis. If it goes down in the body, it becomes meningococcaemia. And, .neningococcaemia is even more potent. There are a lot of kits that are readily available. The National Institute of Communicable Diseases has put a lot of kits. These kits have been supplied to all the municipal workers, all the doctors, and all the hospitals. It is very easy to detect this disease. We are trying to evaluate the sensitive hot spots. The WHO is assisting us to evaluate that. There are more incidents of cases in the old city because it is very congested and lacks hygiene and sanitation. This disease is, in fact, transmitted through a droplet. When you cough there is a droplet. When you go near a patient, it is not that the droplet is prevalent at some point of time. Since it is a bacterium, it is very vulnerable. It is a very highly sensitive bacterium. It does not remain there in the air for a long time. So, people need not panic about that.

So far as preventive measures are concerned, both the Delhi Government and the Central Government are living up to the situation. Today also we had a high-level meeting at about 12.30 P.M. All the officials had attended the meeting. It is not that we had a meeting today only, rather we are having a meeting everyday. We are closely reviewing the situation so that it does not get out of control. We are putting it in the newspapers, we are putting it on the television for the public as to how to be careful. If they have some headache or fever, they should consult a doctor immediately. Unlike the other viruses, this can easily be treated.

Mr. Manoj Bhattacharya and Mr. Bagrodia had put a question whether it is prevailing only around Delhi. Yes, Sir, at present, it is only around Delhi, in little parts of Haryana. We are taking all the precautions. We are educating the people all around with a view to create awareness because awareness is not there.

A question had also been put about the treatment facilities. Sir, as I mentioned, all the hospitals, whether Government or private, are treating that. We had also asked the Municipal Corporation of Delhi to notify this disease. So, after notification we have been getting a number of inflows about prevalence of the disease. The day before yesterday we had asked them to notify it. So, all the hospitals have been notified that if any new case comes they should immediately inform the Government. They are doing it. Thereby we are tracking it. As soon as we track a patient we go out to the surrounding areas where he had gone, and we give Chemoprophylaxis of ciprofloxacin. That's enough. The immunization takes fourteen days to act, but the Chemoprophylaxis of ciprofloxacin acts immediately.

Then, Mr. Nariman had raised a point, should a private medical practitioner be consulted? Sir, we have the National Institute of Communicable Diseases, which is a premier research institution in the country, whereby we advise the private practitioners and all the other private facilities how to go, where to go because we have a guidance and support of the WHO. So, we are fully equipped to handle the situation and to survey and to guide the general public about this disease.

Mr. Motilal VoraTiad asked when the first person died, why did another fifteen deaths take place? When the first person died, we were not in a position to know the cause of death as so many deaths take place because of different reasons. We could not immediately identify the case of death. Since we are getting these reports, we are trying maximum to get more information. This has to be notified. When one person dies it is not notified. So, after so many deaths \/ becomes notified and, then, they come and inform the Government. Dr. T. Subbarami Reddy was asking about vaccine prevention. Sir, initially, I had answered about the vaccination part of it. *(Interruptions)* It is not required as it is today.

But, if the hon. Member wants it, Sir, we will be very happy to vaccinate him. *(Interruptions)* We will vaccinate him.

A question was'raised about which particular antibiotic is available in India. AH the antibiotics are available in India. Less expensive and cost

effective antibiotics like Ciprofloxacin, Cefriaxone Injection and Rifampicin are available. All the antibiotics are available.

A question was raised why in the last three days the Government has not taken any steps. We have taken a lot of steps not only during the last three days, but also from the beginning. We have been taking a lot of steps in this regard.

Was there any preparation to stop this epidemic? Yes, Sir. After this, we are going through the programme called Integrated Disease Surveillance Project. The Government has taken up the Project. This is, approximately, a Rs. 400-crore World Bank funded Project. So, in three years time, we are going to have this project around the country whereby any death occurs in any place, whether it is due to Cholera or meningitis etc., immediately, with five-six hours the State Government and the Central Government will be notified under this Programme, and immediately we will start taking action. Within three years, in the whole country it will be implemented. It is going to be implemented in three phases, initially, in nine States. It has already started. This 31 Programme was started last years.

I now come to the demand for vaccine. There is absolutely no shortage. There is no shortage of vaccines. We have sufficient vaccines. The NICD has sufficient vaccines. We have talked to private manufactures also. Them is a company in Ghaziabad. They have about 160000 vaccines available. There is another company called, Advences. They are private manufacturers. They have one million vaccines available in France to be flown here at a short notice given by the Government. So, there is, absolutely, no short supply of vaccines.

As far as black-marketing is concerned there are some black sheep in the industry. But at this point, they, sometimes, jack up their prices; they raise their prices. They all have to have a commitment on this. Announcements on television have been there. *(Interruptions)*

How do we prevent its spread to other States? We are taking precautions. We are notifying everybody about the ill-effects of that. Sir, once again I would like to assure, through the House that we are very closely monitoring the situation and we are taking care to see that it won't spread. *(Interruptions)*

MR. DEPUTY CHAIRMAN: Very good. *(Interruptions)* Very good. You have given a good message to the entire country that the Government ;s alert. We will now take up the Private Member's Legislative -Business. Bills for Introduction. *(Interruptions)* Shri Ram Jethmalani has requested

to introduce the Bill first. *(Interruptions)* Mr. Santosh Bagrodia has permitted. *(Interruptions)* You can introduce the Bill. Mr. Ram Jethmalani.

PRIVATE MEMBER'S BILLS

The Constitution (Amendment) Bill, 2005

(To Amend Article 217)

SHRI RAM JETHMALANI (Maharashtra): Sir, I seek your permission to introduce the Bill to raise the age of retirement of High Court Judges from 62 to 65, as measure which is long overdue, and which will prevent a scramble amongst the High Court judges for promotion to the Supreme Court.

Sir, I bet to move for leave to introduce a Bill further to amend the Constitution of India

The question was put and the motion was adopted.

SHRI RAM JETHMALANI: Sir, I introduce the Bill.

SHRI SANTOSH BAGRODIA (Rajasthan): Mr. Deputy Chairman, Sir, the Minister wanted to say something. Will you allow him now? He wanted to say something on the first Bill.

MR. DEPUTY CHAIRMAN: No, no.

The Indigenous Domestic Industries (Protection from Multinational Companies) Bill, 2005

SHRI SANTOSH BAGRODIA (Rajasthan): Sir, I beg to move for leave to introduce a Bill to provide for the protection of indigenous domestic industries from the onslaught of Multinational Companies adopting unfair trade practices in pricing, etc. thereby making the domestic industry sick and ultimately acquiring such sick industry and to put a check on such practices of multinational companies by establishing a National Fair Practices Commission and for matters connected therewith and incidental thereto.

The question was put and the motion was adopted.

SHRI SANTOSH BAGRODIA: Sir, I introduce the Bill.